

# Exhibit C

**AUTHORIZATION FOR RELEASE  
OF EDUCATIONAL RECORDS**

TO:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

This will authorize you to furnish copies of all school records including, but not limited to, test results, test scores, report cards, or other school grading material, attendance records, physicals and other health-related, including but not limited to any physicians, nursing or allied health professional reports, records or notes, which may be in your possession.

\_\_\_\_\_  
Name of Student

whose date of birth is \_\_\_\_\_ and whose social security number is \_\_\_\_\_.

You are authorized to release the above records to the following, who agree to pay reasonable charges made by you to supply copies of the requested records:

Yvonne K. Puig  
Fulbright & Jaworski L.L.P.  
Attorneys for Saint Thomas West Hospital, formerly  
known as St. Thomas Hospital, Saint Thomas Network, and  
Saint Thomas Health  
98 San Jacinto Blvd., Suite 1100  
Austin, Texas 78701

This authorization does not authorize you to disclose anything other than documents and records to anyone.

This authorization is not valid unless the record requestor named above has executed the acknowledgement at the bottom of this authorization.

This authorization shall be considered as continuing in nature and is to be given full force and effect to release information of any of the foregoing learned or determined after the date hereof. It is expressly understood by the undersigned and you are authorized to accept a copy or

photocopy of this authorization with the same validity as through the original had been presented to you.

Date: \_\_\_\_\_

\_\_\_\_\_  
Student/Personal Representative Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature

THE STATE OF \_\_\_\_\_ §

§

COUNTY OF \_\_\_\_\_ §

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority, this \_\_\_\_\_  
day of \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC